

PRINTED: 02/17/2011  
FORM APPROVED

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>TN8901</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/15/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>NHC HEALTHCARE, MCMINNVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>928 OLD SMITHVILLE RD MC MINNVILLE, TN 37110</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 832	<p>1200-8-6-.08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations it was determined the facility failed to comply with the Tennessee Department of Health Building Standards (TDOH).</p> <p>The findings include:</p> <p>Observations of the laundry hall house keeping storage closet on 2/15/11 at 10:30 AM, revealed water stained ceiling tiles. TDOH 1200-8-6-.08(2)</p> <p>This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/15/11.</p>	N 832	<p><b>K 147 Continued.</b></p> <p>The Administrator in-serviced all staff on 2/25/2011 on the correct usage of power strips. The Maintenance Supervisor and Maintenance Assistant to check all areas for tandem power strips monthly for four months and quarterly for 9 months to ensure substantial compliance. Results will be reported to the QA Committee (Administrator, Director of Nursing, Medical Director, Health Information and Assistant Director of Nursing).</p> <p><b>Completion Date: 2/25/2011</b></p> <p><b>N 832</b></p> <p>The Maintenance Assistant removed the stained tiles and replaced with new tiles in house keeping closet on 2/15/2011. On 2/15/2011, Maintenance Supervisor and Maintenance Assistant checked the entire building for stained tiles and replaced them as needed. Maintenance Supervisor and Maintenance Assistant will check all areas of building monthly for four months and quarterly for nine months to ensure substantial compliance. Results will be reported to the QA Committee (Administrator, Director of Nursing, Medical Director, Health Information and Assistant Director of Nursing).</p> <p><b>Completion Date: 2/15/2011</b></p>	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

Administrator

(X6) DATE

3-2-2011

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If continuation sheet 1 of 1